

IN PATIENT SUMMARY BILL

UHID : MMH202372660

IP No : IP2023002846

Patient name : Mrs.SARADHA

Age : 23 Y 7 M 17 D/Female

Bill No : MMH/MH/IP202400004

Bill Date : 01/01/2024

DOA : 30/12/2023 10:49AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,750.00
4	LABORATORY	₹ 12,868.00
5	NURSING CHARGE	₹ 1,875.00
6	PROFESSIONAL FEES	₹ 2,982.00
Gross Amount		₹ 22,575.00
Net Payable		₹ 22,575.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 17,575.00

Received Amount in Words : Twenty-Two Thousand Five Hundred Seventy-Five Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00555	UPI	Advance Amount	5,000.00
2	01/01/2024	MMH/MH/REDH2024000	CHEQUE	Collected Amount	1,227.00
3	01/01/2024	MMH/MH/REDH2024000	CARD	Collected Amount	16,348.00